

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF FLORIDA

07-20399 CR-KING

Case No.

Magistrate Judge
GARBET

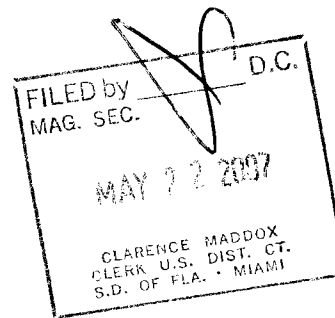
18 U.S.C. § 1349
18 U.S.C. § 1347
18 U.S.C. § 1956(h)
18 U.S.C. § 1956(a)(1)(B)(i)
18 U.S.C. § 1028A(a)(1)
18 U.S.C. § 2

UNITED STATES OF AMERICA

vs.

JOSE TOMAS IGLESIAS,
a/k/a "Pepe,"
a/k/a "Alejandro Flores,"
MARCO ANTONIO MARRERO,
and
LESLIE GONZALEZ,

Defendants.



INDICTMENT

The Grand Jury charges that:

GENERAL ALLEGATIONS

At all times relevant to this Indictment:

The Medicare Program

1. The Medicare Program ("Medicare") was a federally funded program that provided health care benefits to certain individuals, primarily the elderly, blind, and disabled. The benefits available under Medicare were governed by federal statutes and regulations. The United States

2/04

Department of Health and Human Services (“HHS”), through its agency, the Centers for Medicare and Medicaid Services (“CMS”), oversaw and administered Medicare. Individuals who received benefits under Medicare were commonly referred to as Medicare “beneficiaries.”

2. Medicare was a “health care benefit program,” as defined by Title 18, United States Code, Section 24(b).

3. Part B of the Medicare Program was a medical insurance program that covered, among other things, certain physician and outpatient services, and other health care benefits, items, and services, including durable medical equipment (“DME”), that were medically necessary and ordered by licensed medical doctors or other qualified health care providers. DME is equipment that is designed for a specific medical purpose and for repeated use, such as wound care supplies, knee braces, prosthetic limbs, back braces, wrist braces, and wheelchairs.

4. For Florida Medicare beneficiaries, Palmetto Government Benefits Administrators (“Palmetto GBA”), had a contract with HHS to receive, process and pay claims by Medicare beneficiaries for reimbursement for the cost of DME and related health care benefits, items, or services supplied or provided to such beneficiaries.

Medicare Billing and Payment Procedures

5. A DME company that sought to participate in Medicare Part B and bill Medicare for the cost of DME and related benefits, items, and services was required to apply for and receive a “supplier number.” The supplier number allowed a DME company to submit bills, known as “claims,” to Medicare to obtain reimbursement for the cost of DME and related health care benefits, items, and services that a DME company had supplied or provided to beneficiaries.

6. To receive payment from Medicare, a DME company, using its supplier number, would submit a health insurance claim form, known as a CMS-1500. Medicare permitted DME companies to submit a CMS-1500 electronically or by way of a paper claim form. Each claim form required certain important information, including: (a) the Medicare beneficiary's name and identification number; (b) the identification number of the doctor or other qualified health care provider who ordered the health care benefit, item, or service that was the subject of the claim; (c) the health care benefit, item, or service that was provided or supplied to the beneficiary; (d) the billing codes for the benefit, item, or service; and (e) the date upon which the benefit, item, or service was provided or supplied to the beneficiary.

7. Medicare, through Palmetto GBA, generally would pay a substantial portion of the cost of the DME or related health care benefits, items, and services that were medically necessary and ordered by licensed doctors or other qualified health care providers.

Bridge Medical Equipment, Inc.

8. Bridge Medical Equipment, Inc. ("Bridge Medical") was a Florida corporation that was incorporated on or about March 7, 2005. Through in or around May 2006, Bridge Medical purported to be a DME company that operated in Miami-Dade County, Florida.

9. Bridge Medical obtained Medicare supplier number 5596990001 in or around January 2006 and was thus authorized to submit claims to Medicare to be reimbursed for DME-related benefits, items, and services. From in or around March 2006 through in or around May 2006, Bridge Medical submitted approximately \$6.8 million in claims to Medicare, seeking reimbursement for DME-related items and services that Bridge Medical supposedly had provided to Medicare

beneficiaries. In response to these claims, Medicare paid Bridge Medical approximately \$1,008,936.85.

Main Medical Supplies, Inc.

10. Main Medical Supplies, Inc. (“Main Medical”) was a Florida corporation that was incorporated on or about January 11, 2005. On or about November 7, 2005, an amendment to the company’s articles of incorporation was filed with the State of Florida, falsely stating that A.F. was the new registered agent of the corporation. Main Medical was a “shell” corporation, meaning that it was a company that existed in name only and did not carry on ordinary business activities.

The Defendants

11. Defendant, **JOSE TOMAS IGLESIAS, a/k/a “Pepe,” a/k/a “Alejandro Flores,”** a Miami-Dade County resident, controlled and supervised important business and financial activities of Bridge Medical. **IGLESIAS** also controlled the use of Main Medical in order to transfer money from Bridge Medical to **IGLESIAS** and others.

12. Defendant, **MARCO ANTONIO MARRERO**, a Miami-Dade County resident, controlled a Miami medical billing company, Leyvis Medical Billing Corp. (“Leyvis”), which submitted claims to Medicare on behalf of Bridge Medical.

13. Defendant, **LESLIE GONZALEZ**, a Miami-Dade County resident, incorporated Bridge Medical at **JOSE TOMAS IGLEGIAS’** direction and served as the company’s “straw,” or nominal, owner until in or around February 2006, when, at **IGLESIAS’** direction, a sham sale of the company took place, and ownership was transferred to another nominal owner.

COUNT 1
CONSPIRACY TO COMMIT HEALTH CARE FRAUD
(18 U.S.C. § 1349)

1. Paragraphs 1 through 13 of the General Allegations section of this Indictment are realleged and incorporated by reference as though fully set forth herein.

2. From in or around March 2005, and continuing through in or around May 2006, in Miami-Dade County, in the Southern District of Florida, and elsewhere, the defendants,

JOSE TOMAS IGLESIAS,
a/k/a “Pepe,” a/k/a “Alejandro Flores,”
MARCO ANTONIO MARRERO,
and
LESLIE GONZALEZ,

did knowingly and willfully combine, conspire, confederate and agree with each other, and with persons known and unknown to the Grand Jury, to violate Title 18, United States Code, Section 1347, that is, to execute a scheme and artifice to defraud a health care benefit program affecting commerce, as defined in Title 18, United States Code, Section 24(b), that is, Medicare, and to obtain, by means of materially false and fraudulent pretenses, representations, and promises, money and property owned by, and under the custody and control of, said health care benefit program, in connection with the delivery of and payment for health care benefits, items, and services.

Purpose of the Conspiracy

3. It was the purpose of the conspiracy for the defendants and their co-conspirators to unlawfully enrich themselves by, among other things: (a) submitting or causing the submission of false and fraudulent claims to Medicare; (b) concealing the submission of false and fraudulent Medicare claims; and/or (c) diverting fraud proceeds for the personal use and benefit of the defendants and others.

Manner and Means Used to Accomplish the Conspiracy

The manner and means by which the defendants and their co-conspirators sought to accomplish the object and purpose of the conspiracy included, but were not limited to, the following:

4. To conceal his involvement in Bridge Medical, **JOSE TOMAS IGLESIAS** caused **LESLIE GONZALEZ** to incorporate Bridge Medical and to serve as its nominal president/owner for approximately one year.

5. **JOSE TOMAS IGLESIAS** further concealed his involvement in Bridge Medical by directing a sham transfer of the company's ownership from **LESLIE GONZALEZ** to another nominal owner.

6. **JOSE TOMAS IGLEGIAS** obtained Medicare beneficiaries' unique Medicare numbers and other identifying information and provided these numbers and information to **LESLIE GONZALEZ**, who, in turn, provided the same to **MARCO ANTONIO MARRERO**, who then utilized the numbers and information to submit false and fraudulent claims for reimbursement on behalf of Bridge Medical for DME-related items and services. The claims submitted to Medicare were false and fraudulent because, among other things: the doctors who allegedly ordered the DME items and services had not treated the Medicare beneficiaries; the doctors had not ordered the items and services; and/or the DME items and services had not been provided to the Medicare beneficiaries. As a result of the submission of such false and fraudulent claims, Medicare paid Bridge Medical approximately \$1,008,936.85.

7. To create the illusion that Bridge Medical had business expenses, **JOSE TOMAS IGLESIAS** utilized Main Medical to receive Bridge Medical checks to pay for Bridge Medical "supplies." In reality, Bridge Medical bought no such supplies and had no such expenses. **IGLESIAS** used Main Medical as a means to fraudulently transfer money that had been paid by Medicare to Bridge Medical as a result of the submission of false and fraudulent Medicare claims.

8. To conceal or disguise proceeds of the billing fraud scheme, **JOSE TOMAS IGLEGIAS** caused the preparation of numerous checks, drawn on a bank account of Bridge Medical and made payable to various payees. At the direction of **IGLESIAS** and **LESLIE GONZALEZ**, the checks were cashed or deposited by various individuals. The money thereafter often was used by **IGLESIAS**, **GONZALEZ**, and their associates for personal expenses.

All in violation of Title 18, United States Code, Section 1349.

COUNTS 2-7
HEALTH CARE FRAUD
(18 U.S.C. §§ 1347 and 2)

1. Paragraphs 1 through 13 of the General Allegations section of this Indictment are realleged and incorporated as though fully set forth herein.

2. From in or around March 2005, and continuing through in or around May 2006, in Miami-Dade County, in the Southern District of Florida, and elsewhere, the defendants,

JOSE TOMAS IGLESIAS,
a/k/a “Pepe,” a/k/a “Alejandro Flores,”
and
MARCO ANTONIO MARRERO,

in connection with the delivery of and payment for health care benefits, items, and services, did knowingly and willfully execute, and attempt to execute, a scheme and artifice to defraud Medicare, a health care benefit program affecting commerce, as defined by Title 18, United States Code, Section 24(b), and to obtain, by means of materially false and fraudulent pretenses, representations, and promises, money and property owned by, and under the custody and control of, Medicare, that is, the defendants caused Bridge Medical to submit false and fraudulent claims to Medicare, seeking reimbursement for the cost of various DME items and services.

Purpose of the Scheme and Artifice

3. It was the purpose of the scheme and artifice for the defendants and their accomplices to unlawfully enrich themselves by, among other things: (a) submitting or causing the submission of false and fraudulent claims to Medicare; (b) concealing the submission of false and fraudulent Medicare claims; and/or (c) diverting fraud proceeds for the personal use and benefit of the defendants and others.

The Scheme and Artifice

4. The allegations in paragraphs 4 through 8 of the Manner and Means section of Count 1 of this Indictment are realleged and incorporated by reference as though fully set forth herein as a description of the scheme and artifice.

Acts in Execution or Attempted Execution of the Scheme and Artifice

5. On or about the dates set forth as to each count below, in Miami-Dade County, in the Southern District of Florida, and elsewhere, **JOSE TOMAS IGLESIAS** and **MARCO ANTONIO MARRERO**, in connection with the delivery of and payment for health care benefits, items, and services, did knowingly and willfully execute, and attempt to execute, the above-described scheme and artifice to defraud a health care benefit program affecting commerce, that is Medicare, and to obtain, by means of materially false and fraudulent pretenses, representations, and promises, money and property owned by, and under the custody and control of said health care benefit program:

Count	Medicare Beneficiary	Approx. Date of Claim	Medicare Claim Number	Item Claimed; Approx. Amount Claimed
2	C.R.	03/18/2006	106080701907000	Standard weight power wheelchair (K0011); \$5,000.
3	J.R.	03/27/2006	106087709336000	Enteral nutrition infusion pump (B9000); \$1,200.
4	R.R.	04/07/2006	106100779036000	Standard weight power wheelchair (K0011); \$5,000.
5	A.R.	04/07/2006	106100779093000	Standard weight power wheelchair (K0011); \$5,000.
6	V.O.	04/21/2006	106114793934000	Hydrogel Dressing (A6233); \$1,800.
7	A.P.	04/24/2006	106115772185000	Standard weight power wheelchair (K0011); \$5,000.

In violation of Title 18, United States Code, Sections 1347 and 2.

COUNT 8
CONSPIRACY TO COMMIT MONEY LAUNDERING
(18 U.S.C. § 1956(h))

From in or around April 2006, and continuing through in or around June 2006, in Miami-Dade County, in the Southern District of Florida, and elsewhere, the defendant,

JOSE TOMAS IGLESIAS,
a/k/a “Pepe,” a/k/a “Alejandro Flores,”

did willfully, that is, with the intent to further the object of the conspiracy, and knowingly combine, conspire, confederate, and agree with persons known and unknown to the Grand Jury to violate Title 18, United States Code, Section 1956(a)(1)(B)(i), that is, to knowingly conduct a financial transaction involving the proceeds of specified unlawful activity, knowing that the property involved in such financial transaction represented the proceeds of some form of unlawful activity, and knowing that such transaction was designed in whole and in part to conceal and disguise the nature, location, source, ownership, and control of the proceeds of specified unlawful activity

It is further alleged that the specified unlawful activity is health care fraud, in violation of Title 18, United States Code, Section 1347.

All in violation of Title 18, United States Code, Section 1956(h).

COUNTS 10-14
MONEY LAUNDERING
(18 U.S.C. §§ 1956(a)(1)(B)(i) and 2)

On or about the dates set forth as to each count below, in Miami-Dade County, in the Southern District of Florida, and elsewhere, the defendant,

JOSE TOMAS IGLESIAS,
a/k/a “Pepe,” a/k/a “Alejandro Flores,”

did knowingly conduct and attempt to conduct a financial transaction involving the proceeds of specified unlawful activity, knowing that the property involved in such financial transaction represented the proceeds of some form of unlawful activity, and knowing that such transaction was designed in whole and in part to conceal and disguise the nature, location, source, ownership, and control of the proceeds of specified unlawful activity.

Count	Approximate Date of Transaction	Description of Financial Transaction
10	05/03/2006	The cashing of check number 1018, in the amount of \$85,300, made payable to A.F., and drawn on Bridge Medical's Bank of America account number xxxxxxxx2074.
11	05/10/2006	The depositing of check number 1021, in the amount of \$18,387.00, made payable to Main Medical Supplies, Inc., and drawn on Bridge Medical's Bank of America account number xxxxxxxx2074.
12	05/18/2006	The depositing of check number 1036, in the amount of \$7,750, made payable to E.P., and drawn on Bridge Medical's Bank of America account number xxxxxxxx2074.
13	06/05/2006	The depositing of check number 1050, in the amount of \$40,000, made payable to Alberto F., and drawn on Bridge Medical's Bank of America account number xxxxxxxx2074.
14	06/06/2006	The depositing of check number 1055, in the amount of \$6,783.00, made payable to A.S., and drawn on Bridge Medical's Bank of America account number xxxxxxxx2074.

It is further alleged that the specified unlawful activity is health care fraud, in violation of Title 18, United States Code, Section 1347.

In violation of Title 18, United States Code, Sections 1956(a)(1)(B)(i) and 2.

COUNT 15
AGGRAVATED IDENTITY THEFT
(18 U.S.C. §§ 1028A(a)(1) and 2)

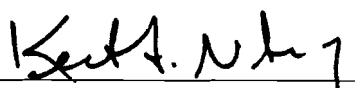
On or about May 3, 2006, in Miami-Dade County, in the Southern District of Florida, and elsewhere, the defendant,

JOSE TOMAS IGLESIAS,
a/k/a "Pepe" a/k/a "Alejandro Flores,"

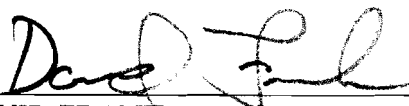
during and in relation to a felony violation, that is, health care fraud, in violation of Title 18, United States Code, Section 1347, knowingly and willfully possessed and used, without lawful authority, a means of identification of another person, that is, a Florida driver's license in the name of "Alejandro Flores," in violation of Title 18, United States Code, Sections 1028A(a)(1) and 2.

A TRUE BILL

~~FOREPERSON~~



R. ALEXANDER ACOSTA
UNITED STATES ATTORNEY



DAVID FRANK
ASSISTANT U.S. ATTORNEY